


# FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

Form Approved  
Office of Management and Budget  
No. 1215-0188  
Expires: 11-30-2002

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN  
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

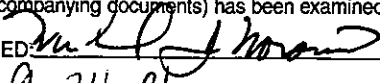
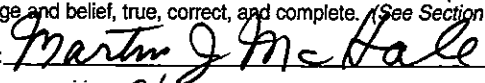
This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

|  |   |  |   |
|--|---|--|---|
| <b>For Official Use Only</b><br>  | <b>1. FILE NUMBER</b><br>0 1 9 - 0 4 9  | <b>2. PERIOD COVERED</b><br>MO DAY YEAR<br>From 0 7 0 1 2 0 0 0<br>Through 0 6 3 0 2 0 0 1 | <b>3. (a) AMENDED</b> — If this is an amended report correcting a previously filed report, check here:<br><b>(b) TERMINAL</b> — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here:<br><b>(c) SUBSIDIARY</b> — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here: |
|  | <b>8. MAILING ADDRESS (Type or print in capital letters.)</b><br>First Name<br>M A R T I N<br>Last Name<br>M C H A L E<br>P.O. Box • Building and Room Number (if any)<br>2 0 2<br>Number and Street<br>9 3 0 N O R T H Y O R K R O A D<br>City<br>H I N S D A L E<br>State ZIP Code + 4<br>I L 6 0 5 2 1 - |  |   |
| <b>4. AFFILIATION OR ORGANIZATION NAME</b><br>U. B. OF CARPENTERS AND JOINERS OF AMERICA   |   |  |   |
| <b>5. DESIGNATION (Local, Lodge, etc.)</b><br>L O C A L  |   | <b>6. DESIGNATION NUMBER</b><br>7 4 - 1  |   |
| <b>7. UNIT NAME (if any)</b>   |   |  |   |
| <b>9. Are your organization's records kept at its mailing address?</b><br>(If "No," provide address in Item 75.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |  |   |

|   |  |
|---|--|
| <b>75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)</b> |  |
| <b>Item Number</b><br>7 2   | THIS ITEM REFLECTS ONLY DISBURSEMENTS ON BEHALF ON INDIVIDUAL MEMBERS FOR OTHER THAN NORMAL OPERATING PURPOSES. ALL OF OUR EXPENSES BENEFIT THE ENTIRE UNION MEMBERSHIP AND INDIVIDUALS ARE NOT NORMALLY SINGLED OUT FOR SPECIAL PURPOSES. |
| <b>VARIOUS</b>  | S E E A T T A C H E D S C H E D U L E  |

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

|  |   |  |   |
|--|---|--|---|
| <b>76. SIGNED:</b> <br>9,24,01<br>Date<br>(6 3 0) 3 2 5 - 1 5 8 4<br>Telephone Number | <b>PRESIDENT</b><br>(If other title, see instructions.) | <b>77. SIGNED:</b> <br>9,24,01<br>Date<br>(6 3 0) 3 2 5 - 1 5 8 4<br>Telephone Number | <b>TREASURER</b><br>(If other title, see instructions.) |
|--|---|--|---|

**During the Reporting Period Did Your Organization:**

- |  | Yes | No |
|--|-----|----|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? .....  |     | X  |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? .....              |     | X  |
| 12. Have a political action committee (PAC) fund? .....  | X   |    |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? .....  | X   |    |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? .....  |     | X  |
| 15. Discover any loss or shortage of funds or other property? .....<br>(Answer "Yes" even if there has been repayment or recovery.)  |     | X  |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? ..... |     | X  |
| 17. Liquidate or reduce any liabilities without disbursement of cash? .....  |     | X  |

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 3 1 6

19. What is the date of your organization's next regular election of officers? MO YEAR  
0 6 2 0 0 2

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 5 0 0 0 0

21. What are your organization's rates of dues and fees?  
(Enter a minimum and maximum if more than one rate applies for any line.)

| Rates of Dues and Fees |   |
|------------------------|---|
| (a) Regular Dues/Fees  | \$ 15.00 / .60 per MO. / HR.<br>(Month, Year, etc.) |
| (b) Initiation Fees    | \$ 125-425  |
| (c) Transfer Fees      | \$ N/A  |
| (d) Work Permits       | \$ N/A per N / A<br>(Month, Year, etc.)             |

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? ..... Yes No  
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.) X

23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? ..... X

24. Did your organization have any contingent liabilities at the end of the reporting period? ..... X

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

# STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 0 1 9 — 0 4 9

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

|                    | ASSETS   | From<br>SCH<br># | Start of Reporting<br>Period<br>(A) | End of Reporting<br>Period<br>(B) |
|--------------------|--|------------------|-------------------------------------|-----------------------------------|
|                    | Item   |                  |                                     |                                   |
| <b>ASSETS</b>      | 25. Cash .....                                 |                  | 1 7 7 3 9 2                         | 2 1 7 9 3 1                       |
|                    | 26. Accounts Receivable .....                  |                  | 0                                   | 0                                 |
|                    | 27. Loans Receivable .....                     | 1                | 0                                   | 0                                 |
|                    | 28. U.S. Treasury Securities .....             |                  | 4 9 9 9 7                           | 0                                 |
|                    | 29. Investments .....                          | 2                | 0                                   | 0                                 |
|                    | 30. Fixed Assets .....                         | 5                | 3 3 5 3 8                           | 2 6 1 3 6                         |
|                    | 31. Other Assets .....                         | 3                | 6 6 3                               | 6 6 3                             |
|                    | 32. TOTAL ASSETS .....                         |                  | 2 6 1 5 9 0                         | 2 4 4 7 3 0                       |
| <b>LIABILITIES</b> | 33. Accounts Payable .....                     |                  | 0                                   | 0                                 |
|                    | 34. Loans Payable .....                        | 8                | 0                                   | 0                                 |
|                    | 35. Mortgages Payable .....                    |                  | 0                                   | 0                                 |
|                    | 36. Other Liabilities .....                    | 4                | 2 1 8                               | 2 2 7                             |
|                    | 37. TOTAL LIABILITIES .....                    |                  | 2 1 8                               | 2 2 7                             |
|                    | 38. NET ASSETS<br>(Item 32 less Item 37) ..... |                  | 2 6 1 3 7 2                         | 2 4 4 5 0 3                       |

# STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 0 1 9 - 0 4 9

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

| CASH RECEIPTS  |    | From<br>SCH<br># | AMOUNT      | CASH DISBURSEMENTS  |    | From<br>SCH<br># | AMOUNT      |
|--|----|------------------|-------------|---|----|------------------|-------------|
| Item   |    |                  |             | Item  |    |                  |             |
| 39. Dues .....   |    |                  | 1 3 9 4 6 6 | 56. To Officers .....   | 9  |                  | 1 9 1 0 8   |
| 40. Per Capita Tax .....                                     |    |                  | 0           | 57. To Employees .....  | 10 |                  | 1 5 3 8 5   |
| 41. Fees .....   |    |                  | 9 3 8       | 58. Per Capita Tax .....                                      |    |                  | 2 9 1 5 7   |
| 42. Fines .....  |    |                  | 8 7 5       | 59. Fees, Fines, Assessments, etc. ....                       |    |                  | 1 1 8 0     |
| 43. Assessments .....  |    |                  | 0           | 60. Office & Administrative Expense ....                      | 13 |                  | 1 7 6 6 2   |
| 44. Work Permits .....                                       |    |                  | 0           | 61. Educational & Publicity Expense ...                       |    |                  | 0           |
| 45. Sale of Supplies .....                                   |    |                  | 0           | 62. Professional Fees .....                                   |    |                  | 1 2 0 0     |
| 46. Interest .....   |    |                  | 9 6 4 3     | 63. Benefits .....  | 11 |                  | 8 0 1 4     |
| 47. Dividends .....  |    |                  | 0           | 64. Contributions, Gifts & Grants .....                       | 12 |                  | 5 2 0 9     |
| 48. Rents .....  |    |                  | 0           | 65. Supplies for Resale .....                                 |    |                  | 0           |
| 49. Sale of Investments &<br>Fixed Assets .....              | 6  |                  | 5 0 0 0 0   | 66. Direct Taxes .....  |    |                  | 2 6 9 8     |
| 50. Loans Obtained .....                                     | 8  |                  | 0           | 67. Withholding Taxes .....                                   |    |                  | 7 3 6 9     |
| 51. Repayments of Loans Made .....                           | 1  |                  | 0           | 68. Purchase of Investments &<br>Fixed Assets .....           | 7  |                  | 0           |
| 52. On Behalf of Affiliates for<br>Transmittal to Them ..... |    |                  | 0           | 69. Loans Made .....  | 1  |                  | 0           |
| 53. From Members for<br>Disbursement on Their Behalf .....   |    |                  | 0           | 70. Repayment of Loans Obtained .....                         | 8  |                  | 0           |
| 54. Other Receipts .....                                     | 14 |                  | 5 9 3 1 1   | 71. To Affiliates of Funds<br>Collected on Their Behalf ..... |    |                  | 0           |
|  |    |                  |             | 72. On Behalf of Individual Members ...                       |    |                  | 0           |
|  |    |                  |             | 73. Other Disbursements .....                                 | 15 |                  | 1 1 2 7 1 2 |
| 55. TOTAL RECEIPTS .....                                     |    |                  | 2 6 0 2 3 3 | 74. TOTAL DISBURSEMENTS .....                                 |    |                  | 2 1 9 6 9 4 |

FILE NUMBER: 0 1 9 - 0 4 9

## SCHEDULE 1 — LOANS RECEIVABLE

Form LM-2 (Revised 2000)

## SCHEDULE 2 — INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

| Description<br>(A)  | Amount<br>(B) |
|---|---------------|
| <b>Marketable Securities</b>  |               |
| 1. Total Cost   | 0             |
| 2. Total Book Value   | 0             |
| 3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.   |               |
| (a) _____   |               |
| (b) _____   |               |
| (c) _____   |               |
| (d) _____   |               |
| <b>Other Investments</b>  |               |
| 4. Total Cost   | 0             |
| 5. Total Book Value   | 0             |
| 6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached. |               |
| (a) _____   |               |
| (b) _____   |               |
| (c) _____   |               |
| (d) _____   |               |
| (e) Total from additional pages (if any)  | 0             |
| 7. Total of Lines 2 and 5   | 0             |
| Enter the Total from Line 7 in ..... Item 29, Column (B)  |               |

FILE NUMBER: 0 1 9 - 0 4 9

## SCHEDULE 3 — OTHER ASSETS

| Description<br>(A)                                       | Book Value<br>(B) |
|--|-------------------|
| 1. SEE ATTACHED SCHEDULE                                 |                   |
| 2.   |                   |
| 3.   |                   |
| 4.   |                   |
| 5.   |                   |
| 6. Total from additional pages (if any)                  | 6 6 3             |
| 7. Total of Lines 1 through 6                            | 6 6 3             |
| Enter the Total from Line 7 in ..... Item 31, Column (B) |                   |

## SCHEDULE 4 — OTHER LIABILITIES

| Description<br>(A)                                       | Amount at<br>End of Period<br>(B) |
|--|-----------------------------------|
| 1. SEE ATTACHED SCHEDULE                                 |                                   |
| 2.   |                                   |
| 3.   |                                   |
| 4.   |                                   |
| 5.   |                                   |
| 6. Total from additional pages (if any)                  | 2 2 7                             |
| 7. Total of Lines 1 through 6                            | 2 2 7                             |
| Enter the Total from Line 7 in ..... Item 36, Column (D) |                                   |

# SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 0 1 9 \_ 0 4 9


| Description<br>(A)  | Cost or<br>Other Basis<br>(B) | Total Depreciation or<br>Amount Expensed<br>(C) | Book<br>Value<br>(D) | Fair Market<br>Value<br>(E) |
|---|-------------------------------|---|----------------------|-----------------------------|
| 1. Land (give location):  |                               |   |                      |                             |
| 2. Totals from additional pages (if any)                                    | 0                             |   | 0                    | N/A                         |
| 3. Buildings (give location):   |                               |   |                      |                             |
| 4. Totals from additional pages (if any)                                    | 0                             | 0   | 0                    | N/A                         |
| 5. Automobiles and Other Vehicles   | 24093                         | 7830  | 16263                | N/A                         |
| 6. Office Furniture and Equipment   | 17709                         | 7836  | 9873                 | N/A                         |
| 7. Other Fixed Assets   | 0                             | 0   | 0                    | N/A                         |
| 8. Totals of Lines 1 through 7  | 41802                         | 15666   | 26136                | N/A                         |
| <p>Enter the Total from Line 8, Column (D) in ..... Item 30, Column (B)</p> |                               |   |                      |                             |

# SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS






| Description (if land or buildings, give location)<br>(A) | Cost<br>(B) | Book Value<br>(C) | Gross Sales Price<br>(D) | Amount Received<br>(E) |
|--|-------------|-------------------|--------------------------|------------------------|
| 1. SEE ATTACHED SCHEDULE                                 |             |                   |                          |                        |
| 2.   |             |                   |                          |                        |
| 3.   |             |                   |                          |                        |
| 4.   |             |                   |                          |                        |
| 5. Totals from additional pages (if any)                 | 49997       | 49997             | 50000                    | 50000                  |
| 6. Totals of Lines 1 through 5                           | 49997       | 49997             | 50000                    | 50000                  |
|  |             |                   | 7. Less Reinvestments    | 0                      |
|  |             |                   | 8. Net Sales             | 50000                  |
| <p>Enter the Total from Line 8 in ..... Item 49</p>      |             |                   |                          |                        |

# SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 0 1 9 - 0 4 9

| Description (if land or buildings, give location)<br>(A)   | Cost<br>(B)           | Book Value<br>(C) | Cash Paid<br>(D) |
|--|-----------------------|-------------------|------------------|
| 1.   |                       |                   |                  |
| 2.   |                       |                   |                  |
| 3.   |                       |                   |                  |
| 4.   |                       |                   |                  |
| 5. Totals from additional pages (if any)   | 0                     | 0                 | 0                |
| 6. Totals of Lines 1 through 5   | 0                     | 0                 | 0                |
|  | 7. Less Reinvestments |                   | 0                |
|  | 8. Net Purchases      |                   | 0                |
| Enter the Total from Line 8 in .....  Item 68 |                       |                   |                  |

# SCHEDULE 8 — LOANS PAYABLE

| Source of Loans Payable at Any Time During the Reporting Period<br>(A)   | Loans Owed at Start of Period<br>(B) | Loans Obtained During Period<br>(C) | Repayment Made During Period |                           | Loans Owed at End of Period<br>(E) |
|--|--------------------------------------|-------------------------------------|------------------------------|---------------------------|------------------------------------|
|  |                                      |                                     | Cash<br>(D)(1)               | Other Than Cash<br>(D)(2) |                                    |
| 1.   |                                      |                                     |                              |                           |                                    |
| 2.   |                                      |                                     |                              |                           |                                    |
| 3.   |                                      |                                     |                              |                           |                                    |
| 4.   |                                      |                                     |                              |                           |                                    |
| 5. Totals from additional pages (if any)   | 0                                    | 0                                   | 0                            | 0                         | 0                                  |
| 6. Totals of Lines 1 through 5   | 0                                    | 0                                   | 0                            | 0                         | 0                                  |
| Enter the Totals from Line 6 in .....  Item 34 Column (C) .....  Item 50 .....  Item 70 .....  Item 75 with Explanation .....  Item 34 Column (D) |                                      |                                     |                              |                           |                                    |



# SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 0 1 9 - 0 4 9

| (A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small> |                | Gross Salary<br>(before taxes and<br>other deductions)<br>(D) | Allowances<br>(E) | Disbursements<br>for Official<br>Business<br>(F) | Other<br>Disbursements<br>(G) | Total<br>(H) |
|---|----------------|---|-------------------|--|-------------------------------|--------------|
| (B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>  | Status<br>(C)* |   |                   |  |                               |              |
| 1. Last Name: MCHALE<br>First Name: MARTIN<br>Title: SEC'Y / TREASURER<br>Status: C   |                | 7 6 1 2   | 0                 | 6 1 0 4  | 0                             | 1 3 7 1 6    |
| 2. Last Name: GULINO<br>First Name: BENNETT<br>Title: VICE PRESIDENT<br>Status: C   |                | 9 3 5   | 0                 | 0  | 0                             | 9 3 5        |
| 3. Last Name: MORAN<br>First Name: MICHAEL<br>Title: PRESIDENT<br>Status: C   |                | 3 9 7 5   | 0                 | 0  | 0                             | 3 9 7 5      |
| 4. Last Name: SMITHSON<br>First Name: WILLIAM<br>Title: REC. SECY.<br>Status: C   |                | 8 2 5   | 0                 | 0  | 0                             | 8 2 5        |
| 5. Last Name: GALLOWAY<br>First Name: RAYMOND<br>Title: WARDEN<br>Status: C   |                | 4 0 0   | 0                 | 0  | 0                             | 4 0 0        |
| 6. Last Name: LYNN<br>First Name: DENNIS<br>Title: TRUSTEE<br>Status: C   |                | 7 7 0   | 0                 | 0  | 0                             | 7 7 0        |
| 7. Last Name: WEBB<br>First Name: MICHAEL<br>Title: TRUSTEE<br>Status: C  |                | 3 6 0   | 0                 | 0  | 0                             | 3 6 0        |
| 8. Totals from additional pages (if any)  |                | 7 4 0   | 0                 | 0  | 0                             | 7 4 0        |
| 9. Totals of Lines 1 through 8  |                | 15 6 1 7  | 0                 | 6 1 0 4  | 0                             | 2 1 7 2 1    |
|   |                |   |                   | 10. Less Deductions                              |                               | 2 6 1 3      |
| Enter the Total from Line 11 in ..... Item 56 ➡   |                |   |                   | 11. Net Disbursements                            |                               | 1 9 1 0 8    |

\*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)


# SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 0 1 9 - 0 4 9


| (A) Name<br><small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>  | Gross Salary<br>(before taxes and other deductions)<br>(D) | Allowances<br>(E) | Disbursements<br>for Official<br>Business<br>(F) | Other<br>Disbursements<br>(G) | Total<br>(H) |
|---|--|-------------------|--|-------------------------------|--------------|
| (B) Position<br><small>(Enter employee's job title.)</small>  |  |                   |  |                               |              |
| (C) Name of Affiliated Organization<br><small>(if applicable)</small>   |  |                   |  |                               |              |
| <div> <div>Last Name</div> <div>1. O ' D O N N E L L</div> <div>First Name</div> <div>G E R A L D I</div> <div>Position</div> <div>S E C R E T A R Y</div> <div>Name of Affiliated Organization</div> <div>N / A</div> </div> | 2 0 1 8 5  | 0                 | 0  | 0                             | 2 0 1 8 5    |
| <div> <div>Last Name</div> <div>2.</div> <div>First Name</div> <div></div> <div>Position</div> <div></div> <div>Name of Affiliated Organization</div> <div></div> </div>  | 0  | 0                 | 0  | 0                             | 0            |
| <div> <div>Last Name</div> <div>3.</div> <div>First Name</div> <div></div> <div>Position</div> <div></div> <div>Name of Affiliated Organization</div> <div></div> </div>  | 0  | 0                 | 0  | 0                             | 0            |
| <div> <div>Last Name</div> <div>4.</div> <div>First Name</div> <div></div> <div>Position</div> <div></div> <div>Name of Affiliated Organization</div> <div></div> </div>  | 0  | 0                 | 0  | 0                             | 0            |
| <div> <div>Last Name</div> <div>5.</div> <div>First Name</div> <div></div> <div>Position</div> <div></div> <div>Name of Affiliated Organization</div> <div></div> </div>  | 0  | 0                 | 0  | 0                             | 0            |
| 6. Totals from additional pages (if any)  | 0  | 0                 | 0  | 0                             | 0            |
| 7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates  | 0  | 0                 | 0  | 0                             | 0            |
| 8. Totals of Lines 1 through 7  | 2 0 1 8 5  | 0                 | 0  | 0                             | 2 0 1 8 5    |
|   |  |                   | 9. Less Deductions 4 8 0 0                       |                               |              |
| Enter the Total from Line 10 in..... Item 57 ⇒  |  |                   | 10. Net Disbursements 1 5 3 8 5                  |                               |              |

**SCHEDULE 11 — BENEFITS**


FILE NUMBER: 0 1 9 — 0 4 9

| Description<br>(A)  | To Whom Paid<br>(B) | Amount<br>(C) |
|---|---------------------|---------------|
| 1. SEE ATTACHED SCHEDULE  |                     |               |
| 2.  |                     |               |
| 3.  |                     |               |
| 4.  |                     |               |
| 5. Total from additional pages (if any)   |                     | 8 0 1 4       |
| 6. Total of Lines 1 through 5   |                     | 8 0 1 4       |
| Enter the Total from Line 6 .....  Item 63 |                     |               |

**SCHEDULE 12 —  
CONTRIBUTIONS, GIFTS & GRANTS**

| Description<br>(A)   | Amount<br>(B) |
|--|---------------|
| 1. SEE ATTACHED SCHEDULE   |               |
| 2.   |               |
| 3.   |               |
| 4.   |               |
| 5.   |               |
| 6.   |               |
| 7. Total from additional pages (if any)  | 5 2 0 9       |
| 8. Total of Lines 1 through 7  | 5 2 0 9       |
| Enter the Total from Line 8 in .....  Item 64 |               |

**SCHEDULE 13 —  
OFFICE & ADMINISTRATIVE EXPENSE**

| Description<br>(A)   | Amount<br>(B) |
|--|---------------|
| 1. SEE ATTACHED SCHEDULE   |               |
| 2.   |               |
| 3.   |               |
| 4.   |               |
| 5.   |               |
| 6.   |               |
| 7. Total from additional pages (if any)  | 1 7 6 6 2     |
| 8. Total of Lines 1 through 7  | 1 7 6 6 2     |
| Enter the Total from Line 8 in .....  Item 60 |               |

**SCHEDULE 14 —  
OTHER RECEIPTS**

| Description<br>(A)                            | Amount<br>(B) |
|---|---------------|
| 1. SEE ATTACHED SCHEDULE                      |               |
| 2.  |               |
| 3.  |               |
| 4.  |               |
| 5.  |               |
| 6.  |               |
| 7.  |               |
| 8.  |               |
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| 11.   |               |
| 12.   |               |
| 13.   |               |
| 14.   |               |
| 15.   |               |
| 16. Total from additional pages (if any)      | 59311         |
| 17. Total of Lines 1 through 16               | 59311         |
| Enter the Total from Line 17 in ..... Item 54 |               |

**SCHEDULE 15 —  
OTHER DISBURSEMENTS**

| Description<br>(A)                            | Amount<br>(B) |
|---|---------------|
| 1. SEE ATTACHED SCHEDULE                      |               |
| 2.  |               |
| 3.  |               |
| 4.  |               |
| 5.  |               |
| 6.  |               |
| 7.  |               |
| 8.  |               |
| 9.  |               |
| 10.   |               |
| 11.   |               |
| 12.   |               |
| 13.   |               |
| 14.   |               |
| 15.   |               |
| 16. Total from additional pages (if any)      | 112712        |
| 17. Total of Lines 1 through 16               | 112712        |
| Enter the Total from Line 17 in ..... Item 73 |               |

ORGANIZATION NAME: CARPENTERS LOCAL UNION NO. 74-L

ENDING DATE OF PERIOD COVERED: 06-30-2001

FILE NUMBER: 0 1 9 - 0 4 9

PAGE 2 OF 10 ADDITIONAL PAGES

## SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

| (A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small> |               | Gross Salary<br>(before taxes and<br>other deductions)<br>(D) | Allowances<br>(E) | Disbursements<br>for Official<br>Business<br>(F) | Other<br>Disbursements<br>(G) | Total<br>(H) |
|---|---------------|---|-------------------|--|-------------------------------|--------------|
| (B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>  | Status<br>(C) |   |                   |  |                               |              |
| Last Name: MONTROYA<br>First Name: MICHAEL<br>Title: TRUSTEE<br>Status: C   |               | 3 0 0   | 0                 | 0  | 0                             | 3 0 0        |
| Last Name: JOTAUTAS<br>First Name: ALBERTO<br>Title: CONDUCTOR<br>Status: C   |               | 4 4 0   | 0                 | 0  | 0                             | 4 4 0        |
| Last Name:<br>First Name:<br>Title:<br>Status:  |               | 0   | 0                 | 0  | 0                             | 0            |
| Last Name:<br>First Name:<br>Title:<br>Status:  |               | 0   | 0                 | 0  | 0                             | 0            |
| Last Name:<br>First Name:<br>Title:<br>Status:  |               | 0   | 0                 | 0  | 0                             | 0            |
| Last Name:<br>First Name:<br>Title:<br>Status:  |               | 0   | 0                 | 0  | 0                             | 0            |
| Last Name:<br>First Name:<br>Title:<br>Status:  |               | 0   | 0                 | 0  | 0                             | 0            |
| Last Name:<br>First Name:<br>Title:<br>Status:  |               | 0   | 0                 | 0  | 0                             | 0            |
| Totals  |               | 7 4 0   | 0                 | 0  | 0                             | 7 4 0        |

ORGANIZATION NAME: \_\_\_\_\_

ENDING DATE OF PERIOD COVERED: \_\_\_\_\_

FILE NUMBER: \_\_\_\_\_

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

## SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

| (A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small> |               | Gross Salary<br>(before taxes and<br>other deductions)<br>(D) | Allowances<br>(E) | Disbursements<br>for Official<br>Business<br>(F) | Other<br>Disbursements<br>(G) | Total<br>(H) |
|---|---------------|---|-------------------|--|-------------------------------|--------------|
| (B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>  | Status<br>(C) |   |                   |  |                               |              |
| Last Name _____ First Name _____  |               |   |                   |  |                               |              |
| Title _____ Status _____  |               |   |                   |  |                               |              |
| Last Name _____ First Name _____  |               |   |                   |  |                               |              |
| Title _____ Status _____  |               |   |                   |  |                               |              |
| Last Name _____ First Name _____  |               |   |                   |  |                               |              |
| Title _____ Status _____  |               |   |                   |  |                               |              |
| Last Name _____ First Name _____  |               |   |                   |  |                               |              |
| Title _____ Status _____  |               |   |                   |  |                               |              |
| Last Name _____ First Name _____  |               |   |                   |  |                               |              |
| Title _____ Status _____  |               |   |                   |  |                               |              |
| Last Name _____ First Name _____  |               |   |                   |  |                               |              |
| Title _____ Status _____  |               |   |                   |  |                               |              |
| Totals  |               |   |                   |  |                               |              |

FORM LM-2 - SCHEDULE "A"

CARPENTERS LOCAL UNION NO. 74-L

FILE #019-049  
YEAR ENDED JUNE 30, 2001

ITEM 75 - ADDITIONAL INFORMATION (CONTINUED)

ITEM - 12 LOCAL 74-L POLITICAL ACTION COMMITTEE FUND

THIS FUND IS NOT REQUIRED TO FILE REPORTS WITH ANY STATE OR FEDERAL AGENCIES. THE FINANCIAL ACTIVITIES OF THIS FUND ARE REPORTED IN THIS LM-2 FILING.

ITEM - 13 DEPRECIATION EXPENSE:

|                         |                 |
|-------------------------|-----------------|
| AUTOMOBILE              | \$ 4,818        |
| FURNITURE AND EQUIPMENT | 2,584           |
| TOTAL                   | <u>\$ 7,402</u> |

ITEM - 14 THOMAS HAVEY LLP

ITEM - 22 THE LOCAL'S NATIONAL PARENT ORGANIZATION ADOPTED A NEW CONSTITUTION EFFECTIVE DECEMBER 2000. THE PARENT ORGANIZATION FILES COPIES OF THE CONSTITUTION WITH THE DEPARTMENT OF LABOR ON BEHALF OF ITS AFFILIATES. ATTACHED ARE TWO COPIES OF THE LOCAL UNION'S NEW BYLAWS

ITEM - 56, SCHEDULE 9 AND ITEM - 73, SCHEDULE 15

MARTIN MCHALE WAS A PART-TIME OFFICER AND A FULL TIME BUSINESS REPRESENTATIVE OF THE LOCAL DURING THE YEAR ENDED JUNE 30, 2001. EFFECTIVE JANUARY 1, 2000, ALL CARPENTER LOCAL BUSINESS REPRESENTATIVES ARE EMPLOYED BY THE CHICAGO AND NORTHEAST ILLINOIS DISTRICT COUNCIL OF CARPENTERS (DISTRICT COUNCIL). THE LOCAL REIMBURSES THE DISTRICT COUNCIL FOR SALARIES, PAYROLL TAXES AND FRINGE BENEFITS. DURING THE YEAR ENDED JUNE 30, 2001 THE LOCAL REIMBURSED THE DISTRICT COUNCIL \$107,579. SCHEDULE 9 SALARIES FOR THE ABOVE OFFICER INCLUDES ONLY WAGES PAID TO HIM AS AN OFFICER OF THE LOCAL.

ITEMS 56 & 57, SCHEDULES 9 & 10

IT IS NOT PRACTICAL TO MAKE A PRECISE DISTRIBUTION OF AUTOMOBILE OPERATING EXPENSES NOT PAID DIRECTLY TO OFFICERS AND EMPLOYEES AND INCLUDED IN COLUMNS (F) AND (G). HOWEVER, AN ALLOCATION OF SUCH EXPENSES HAS BEEN MADE IN ACCORDANCE WITH IRS REPORTING RULES. IF UNION OWNED/LEASED AUTOMOBILES WERE USED 50% OR LESS FOR BUSINESS PURPOSES BY IRS REPORTING STANDARDS, THE REMAINDER IS TREATED AS IF IT WERE PERSONAL USE AND IS REPORTED IN COLUMN (G). IRS STANDARDS SHOULD NOT NECESSARILY BE CONSIDERED AS THE ACTUAL BUSINESS USE OF AN AUTOMOBILE.

ITEM - 77 THE CONSTITUTION AND BYLAWS PROVIDE THAT THE CHIEF FINANCIAL OFFICER OF THE LOCAL IS THE FINANCIAL-SECRETARY/TREASURER.

PAGE 1 OF 10





Period End Date: 06-30-2001

Page 2 of 10

### SCHEDULE 3 -- OTHER ASSETS

[illegible]



Period End Date: 06-30-2001

Page 4 of 10**SCHEDULE 4 -- OTHER LIABILITIES**

| Description<br>(A)                            | Amount at<br>End of Period<br>(B) |
|---|-----------------------------------|
| PAYROLL WITHHOLDINGS NOT REMITTED AT YEAR END | 227                               |
|   | 0                                 |
|   | 0                                 |
|   | 0                                 |
|   | 0                                 |
|   | 0                                 |
|   | 0                                 |
|   | 0                                 |
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|   | 0                                 |
|   | 0                                 |
|   | 0                                 |
|   | 0                                 |
|   | 0                                 |
|   | 0                                 |
|   | 0                                 |
| Total Other Liabilities - Other               | 227                               |



Period End Date: 06-30-2001

019-049

## SCHEDULE 6 -- SALE OF INVESTMENTS AND FIXED ASSETS

[illegible]



Period End Date: 06-30-2001

File Number: 019-049  
Page 6 of 10

## SCHEDULE 11 - BENEFITS

[illegible]





Period End Date: 06-30-2001

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019-049

**SCHEDULE 12 CONTRIBUTIONS, GIFTS & GRANTS - Other**

| Description<br>(A)                           | Amount<br>(B) |
|--|---------------|
| CIVIC & CHARITABLE                           | 250           |
| LABOR RELATED                                | 2,380         |
| FLOWERS                                      | 879           |
| POLITICAL                                    | 1,700         |
|  | 0             |
|  | 0             |
|  | 0             |
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|  | 0             |
|  | 0             |
|  | 0             |
|  | 0             |
|  | 0             |
|  | 0             |
| Total Contributions, gifts, & grants - other | 5,209         |



Period End Date: 06-30-2001

File Number:

019-049

Page 8 of 10**SCHEDULE 13 -- OFFICE AND ADMINISTRATIVE EXPENSE - Other**

| Description<br>(A)                            | Amount<br>(B) |
|---|---------------|
| SHARED OFFICE AND ADMINISTRATIVE EXPENSES     | 9,906         |
| TELEPHONE                                     | 710           |
| PRINTING                                      | 1,682         |
| POSTAGE                                       | 800           |
| GENERAL INSURANCE                             | 931           |
| OFFICE SUPPLIES                               | 1,798         |
| MAINTENACE EXPENSE                            | 1,336         |
| COMPUTER EXPENSE                              | 249           |
| ADVERTISING AND PROMOTION                     | 250           |
|   | 0             |
|   | 0             |
|   | 0             |
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|   | 0             |
|   | 0             |
|   | 0             |
| Total Office & Administrative Expense - other | 17,662        |



Period End Date: 06-30-2001

File Number:

019-049

Page 9 of 10**SCHEDULE 14 -- OTHER RECEIPTS - Other**

| Description<br>(A)  | Amount<br>(B) |
|---|---------------|
| INSURANCE POLICY REFUNDS  | 944           |
| FINANCIAL ASSISTANCE FROM CHICAGO AND NORTHEAST ILLINOIS DISTRICT COUNCIL OF CARPENTERS | 53,867        |
| ORGANIZING SUBSIDY FROM CHICAGO AND NORTHEAST ILLINOIS DISTRICT COUNCIL OF CARPENTERS   | 4,500         |
|   | 0             |
|   | 0             |
|   | 0             |
|   | 0             |
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|   | 0             |
|   | 0             |
|   | 0             |
| Total Other receipts - other  | 59,311        |



Period End Date: 06-30-2001

File Number:

Page 10 of 10

019-049

**SCHEDULE 15 -- OTHER DISBURSEMENTS - Other**

| Description<br>(A)                                  | Amount<br>(B) |
|---|---------------|
| SALARY AND FRINGE REIMBURSEMENTS - DISTRICT COUNCIL | 107,579       |
| NONALLOCABLE MEETING EXPENSES                       | 3,268         |
| WORKING CARDS AND BUTTONS                           | 1,262         |
| APPRENTICE FUND CONTRIBUTIONS                       | 281           |
| MEMBER ACTIVITIES                                   | 200           |
| DUES WITHHELD AND REMITTED                          | 35            |
| OTHER FRINGE CONTRIBUTIONS                          | 87            |
|   | 0             |
|   | 0             |
|   | 0             |
|   | 0             |
|   | 0             |
|   | 0             |
|   | 0             |
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|   | 0             |
|   | 0             |
| Total Other Disbursements - other                   | 112,712       |

